



# STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION  
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
165 CAPITOL AVE , HARTFORD, CT 06106  
Telephone: (860) 713-6150

## APPLICATION FOR TEMPORARY REAL ESTATE APPRAISER CERTIFICATION OR STATE-LICENSE

Please print or type. This application **must be accompanied by a check or money order in the amount of \$100.00** made payable to: "Treasurer, State of CT". Please return the completed application to the above address.

Approval of this application is **only effective** for appraisal work performed **after the issuance** of this certification or state-license.

An ***original current Letter of Good Standing*** from the licensing authority of your resident state is required with this application.

Type of Temporary category requested. It must be the same certification or license held in resident state.

Temporary State Certified General Appraiser  
Temporary State Certified Residential Appraiser  
Temporary State Licensed General Appraiser  
Temporary State Licensed Residential Appraiser  
Temporary State Provisional Licensed Appraiser

### SECTION I. PERSONAL INFORMATION

\_\_\_\_\_  
Applicant's Name As It Appears On Certification Or License (First, Middle and Last Name)

\_\_\_\_\_  
Applicant's Residence Address (Street Number or PO Box)

\_\_\_\_\_  
Applicant's Residence Address (City, State, Zip Code)

\_\_\_\_\_  
Applicant's Business Name

\_\_\_\_\_  
Applicant's Business Address (Street Number or PO Box, City, State, Zip Code)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Birth Date: Mo/Day/Yr)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Business Phone Number

Indicate address you wish to appear on certification or license: Residence \_\_\_\_ Business \_\_\_\_

## **SECTION II. APPRAISAL ASSIGNMENT**

IN ACCORDANCE WITH SECTION 20-504-9. (a); (1), (2), (3):

Date Anticipated to Appraise Assignment in CT: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo/Day/Yr)

Appraisal Assignment Contracted to Appraise: \_\_\_\_\_  
(Type of Property)

\_\_\_\_\_  
(Street Address of Property) (City, State, Zip Code of Property)

Appraisal Assignment Client's Name:

\_\_\_\_\_  
(First Name, Middle Name and Last Name)

Appraisal Assignment Client's Address:

\_\_\_\_\_  
( Street Address) ( City, State, Zip Code)

## **SECTION III. TEMPORARY PROVISIONAL LICENSE (If Applicable)**

If requesting a temporary **Provisional license**, you must identify the Connecticut Certified or State-Licensed Appraiser supervising your work.

\_\_\_\_\_  
(Sponsor's Name) (Sponsor's Classification) (Sponsor's Cert. or Lic. No.)

\_\_\_\_\_  
(Sponsor's Signature) (Date)

## **SECTION IV. NOTARIZATION**

I, the applicant, being duly sworn according to the law, depose and say that the answers set forth above are true to the best of my knowledge and belief, and that this application is made for the purpose of inducing the issuance of the certification or license requested.

\_\_\_\_\_  
Signature of applicant Date

Sworn and subscribed before me at: \_\_\_\_\_

This \_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public